

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number 7920000036407824

This report is maintained in: ☐ The National Practitioner Data Bank
☒ The Healthcare Integrity and Protection Data Bank

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A. REPORTING ENTITY

Entity Name: TEST ENTITY
Address: 6220 TEST STREET

City, State, ZIP: TEST CITY, VA 11111

Entity Internal Report Reference
(e.g., claim number): ENTREF-1011011D

Name or Office: TEST POC
Title or Department: TESTING DEPARTMENT
Telephone: (111) 222-3333

Type of Report: INITIAL REPORT

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: TEST2ORGANIZATIONNAME
Other Name(s) Used: TEST OTHER NAMES USED

Business Address: TESTSTREET
City, State, ZIP: TESTCITY, DE 34978
Country:

Names and Titles of Principal Officers and Owners: TESTPOO, TESTFPOO TESTMPOO

Federal Employer Identification Numbers (FEIN): 986987698

Social Security Numbers (SSN): 987-98-6987

Individual Taxpayer Identification Numbers (ITIN): 931-73-8763

National Provider Identifiers (NPI): 9876986896

Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)
Other, as Specified:

State License Number, State of Licensure: 746747455647, DC

Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?: YES

Drug Enforcement Administration (DEA) Numbers: 798769876987

Clinical Laboratory Improvement Act (CLIA) Numbers: 9876896897

Food and Drug Administration (FDA) Numbers: 8976897

**National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank**

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 7920000036407824

Process Date: 03/21/2005

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For authorized use by:

TEST ENTITY

Medicare Provider/Supplier Numbers: 987689768969876

Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.):

Business Address of Affiliate:

City, State, Zip:

Country:

Nature of Relationship (Code)(s):

Other, as Specified:

**C. INFORMATION
REPORTED**

Type of Adverse Action: STATE LICENSURE

Name of Agency or Program
that Took the Adverse Action

Specified in This Report: TEST AAR INFO

Adverse Action Classification Code(s): VOLUNTARY SURRENDER OF LICENSE OR CERTIFICATE (3141)

Other, as Specified:

DENIAL OF LICENSE OR CERTIFICATE RENEWAL (3144)

ON-SITE MONITORING (3203)

APPOINTMENT OF TEMPORARY MANAGEMENT (3206)

CLOSURE OF FACILITY (3210)

Date Action Was Taken: 05/08/2001

Date Action Became Effective: 06/09/2001

Length of Action: PERMANENT

Years:

Months:

Days:

Total Amount of Monetary Penalty, Assessment
and/or Restitution: \$31.00

Is Subject Automatically Reinstated After Adverse
Action Period Is Completed?: YES

Description of Act(s) or Omission(s) or Other

Reasons for Action Taken: TEST NARRATIVE

Basis for Action: FAILURE TO MAINTAIN EQUIPMENT/MISSING OR INADEQUATE
EQUIPMENT (AC)

Other, as Specified:

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☒ Subject identified in Section B has appealed the reported adverse action.

Date of Appeal: 05/01/2002

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

**E. REPORT
STATUS**

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- ☐ If box is checked, this report has been disputed by the subject identified in Section B.
- ☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 03/21/2005

Date of Most Recent Change: 03/21/2005

**F. SUPPLEMENTAL
SUBJECT
INFORMATION
ON FILE WITH
DATA BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): TESTORGNAM ALT NAME
TESTORGNAM ALT NAME 2
TESTORGNAM ALT NAME 3

END OF REPORT